


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JAN 12 AM 8:57

DOCUMENT # L03000054546

1. Limited Liability Company's Name  
Dreamworks Ventures, LLC

CR2E041 (8/05)

2. Principal Office Address  
1500 N.W. 74 Street

3. Mailing Office Address  
12967 S.W. 21 Street

Suite, Apt. #, etc.  
N/A

Suite, Apt. #, etc.  
N/A

City & State  
Miami, Florida

City & State  
Miramar, Florida

Zip Country  
33147 U.S.

Zip Country  
33027 U.S.

4. State/Country of Formation  
Florida / United States

5. Date Organized or Qualified To Do Business in Florida  
12/19/2003

6. FEI Number  
43-2050496

Applied For  
Not Applicable

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
Michelle Coachman - Burgess

Street Address (P.O. Box Number is Not Acceptable)  
12967 S.W. 21st Street

600064607726  
01/27/06--01005--021 \*\*305, 0

Suite, Apt. #, Etc.  
N/A

City  
Miramar

State Zip Code  
FL 33027

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Michelle Coachman - Burgess  
REGISTERED AGENT MUST SIGN

Date 01/10/2006

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Michelle Coachman-Burgess	12967 S.W. 21st Street	Miramar, Florida 33027

REINSTATEMENT 04-06

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager Michelle Coachman-Burgess Date 1/10/2006 Daytime Phone # 305-510-9966

Typed or printed name of signing Managing Member/Manager Michelle Coachman-Burgess